University of Arizona Naval ROTC
Light Duty Chit

Patient Information

Name (Last, First Mi.): ___________________________ Rank: ______
Platoon / Squad: ___________________________
Description of Injury / Illness: ___________________________
Date and Time Injury/Illness occurred: ___________ / ___________

Healthcare Provider Use

Patient Diagnosis:

Treatment:

Minimum Recovery Time: ___________

Should Patient be placed on restricted or light/limited duty status? Yes / No
Beginning Date: ___________
Ending Date: ___________
If yes, circle specific kinds of activities that patient should not participate in:

Running  Heavy Lifting  Push-ups
Pull-ups  Abdominal exercises  Swimming
Carrying Loads on the Back  Leg Exercises (squats, jumps, lunges)

Dates of Follow-Up Exams: ___________

Notes:

Name of Health Care Provider: ___________________________
Phone Number: ___________________________
Signature: ___________________________

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I, ____________________, do certify that the information presented in this document is accurate and up to date. I also agree to keep my chain of command informed on any follow up appointments or changes on the status of my condition.

Patient Signature: ____________________________________________ Date: _________

Battalion SgtMaj Signature: _________________________________

NROTC Battalion Advisor Signature: ____________________________